

**(Insert Local Area name here) Workforce Development Board
Local Incumbent Worker Trainee Application**

Business _____

This request for information is confidential and will be used solely in determining your eligibility for Local Incumbent Worker grant funded by the federal Workforce Innovation & Opportunity Act (WIOA).

PLEASE ATTACH I-9 TO THIS FORM FOR EACH TRAINEE

1. Application Date: _____
2. Name: _____

First
Middle Initial
Last
3. Date of Birth (MM/DD/YY): _____
4. Social Security Number: _____
5. Address: _____

Street/P.O. Box
Apt. #
City
State
Zip Code
County
6. Primary Phone Number: _____
7. Male Female
8. Race: _____
 - a. Hispanic or Latino? Yes No
9. Are you a citizen of the United States? Yes No
 - a. If not, are you authorized to work in the United States? Yes No
10. Do you have a disability you wish to state? Yes No
11. Did you register with Selective Service if male and born after 12/31/1959? Yes No
N/A
12. Are you currently in the military or a veteran of U. S. military service? Yes No
(If no, skip to question 13)
 - a. Years of U. S. military service: From _____ to _____
 - b. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No N/A

c. Are you a member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit? Yes No N/A

d. Disabled Veteran? Yes No N/A

e. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes No N/A

13. Are you the spouse of a veteran? Yes No
(If no, skip to question 14)

a. Are you the spouse/dependent of someone in the active-duty military service, National Guard, or Reserves who is currently activated? Yes No N/A

b. Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?
Yes No N/A

c. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability? Yes No N/A

14. Are you a current member of the North Carolina National Guard? Yes No

15. Do you have a high school diploma or a GED? Yes No

If no, what was the last grade you completed? _____

16. Do you have a college degree? 2-year 4-year Field of study: _____

17. What was your start date for employment at this business (MM/YY)? _____

18. Email address: _____

Please read the statement below and sign.

I certify that the information provided in this application is true to the best of my knowledge. I am aware that this information will be verified and that any falsification shall be grounds to deny services and may subject me to prosecution under the law. I understand that the information will be used to determine eligibility for WIOA services and may be released for verification and federal reporting purposes.

Employee Signature

Date